

This form prepared by the Attorney General's Office
Individual Application Form

APPLICATION FOR LICENSE TO RETAIL CEREAL MALT BEVERAGES

_____, _____ COUNTY, KANSAS _____,
TO THE GOVERNING BODY OF THE CITY OF _____, KANSAS
or
THE BOARD OF COUNTY COMMISSIONERS OF _____ COUNTY, KANSAS.

I hereby apply for a license to retail cereal malt beverages in conformity with the laws of the State of Kansas and the rules and regulations prescribed and hereafter to be prescribed by you relating to the sale or distribution of cereal malt beverages; for the purpose of securing such license, I make the following statements under oath:

Name of proposed licensee _____

Age _____

Place and date of birth _____

I have been a resident of the State of Kansas _____ years.

The premises for which the license is desired are located at _____

The legal description of said property is _____

The street number is _____

The building to be used is _____

The business will be conducted under the following name: _____

The name and address of the owner or owners of the premises upon which the proposed business will be located is _____

I am a citizen of the United States. _____ Yes _____ No

_____ Citizenship arises by birth _____ By naturalization

My place of naturalization and the date thereof is as follows: _____

I _____ have, _____ have not been convicted of a felony within two years preceding the date of this application.

I _____ have, _____ have not been convicted of a crime involving moral turpitude within two years immediately preceding the date of the application.

I _____ have, _____ have not been adjudged guilty of drunkenness within two years immediately preceding the date of this application.

I _____ have, _____ have not been adjudged guilty, entered a plea, or forfeited bond to a charge of driving a motor vehicle while under the influence of intoxicating liquors within two years immediately preceding the date of this application.

I _____ have, _____ have not been convicted of a violation of any state or federal intoxicating liquor law within two years immediately preceding the date of this application.

My place of business will be conducted by a manager or agent. _____ Yes _____ No

If the answer above is yes, the name, age, and residence of manager or agent is _____

Said agent or manager _____ does, _____ does not have the qualifications to have a license issued in his own name. The same to be determined by reference to K.S.A. 41-2703, K.S.A. 41-2702. Specifics concerning his/her residence citizenship and the answers to questions 5 through 9 are as follows:

I _____ have, _____ have not been a resident of the state for at least one year immediately preceding making this application.

My spouse _____ would, _____ would not be eligible to receive a retailer's license.

_____ This application is for a license to retail cereal malt beverages for consumption on the premises.

_____ This application is for a license to retail cereal malt beverages in original and unopened containers and not for consumption on the premises.

A license fee of \$ _____ is enclosed herewith.

SSN _____

DL# _____

Home Phone # _____

Business Phone # _____

I, _____, the above-named applicant, hereby agree to comply with all of the laws of the State of Kansas, and all rules and regulations prescribed by you, and hereafter to be prescribed by you, relating to the sale or distribution of cereal malt beverages, and do hereby agree to purchase all cereal malt beverages from a wholesaler licensed and bonded under the laws of the State of Kansas, and do hereby consent to the immediate revocation of my cereal malt beverage license, by the proper officials, for the violation of such laws, rules and regulations.

(signature of applicant)

State of Kansas, County of _____, ss.

I, _____, the above-named applicant, do solemnly swear that I have the contents of this application, and that all information and answers herein contained are complete and true. So help me God.

(signature of applicant)

Subscribed and sworn to before me this _____ day of _____, _____

(character of official administering oath)

My commission expires on the _____ day of _____, _____

Application approved this _____ day of _____, _____

By _____
(official position)

Of _____, Kansas
(city or county)

Recorded in volume _____, at page _____

Note: a photocopy of the completed form, together with the application fee required by K.S.A. 2001 Supp. 41-2702 (e), must be submitted to the division of alcoholic beverage control bureau, Kansas Department of Revenue.

Mail to address for application/license

